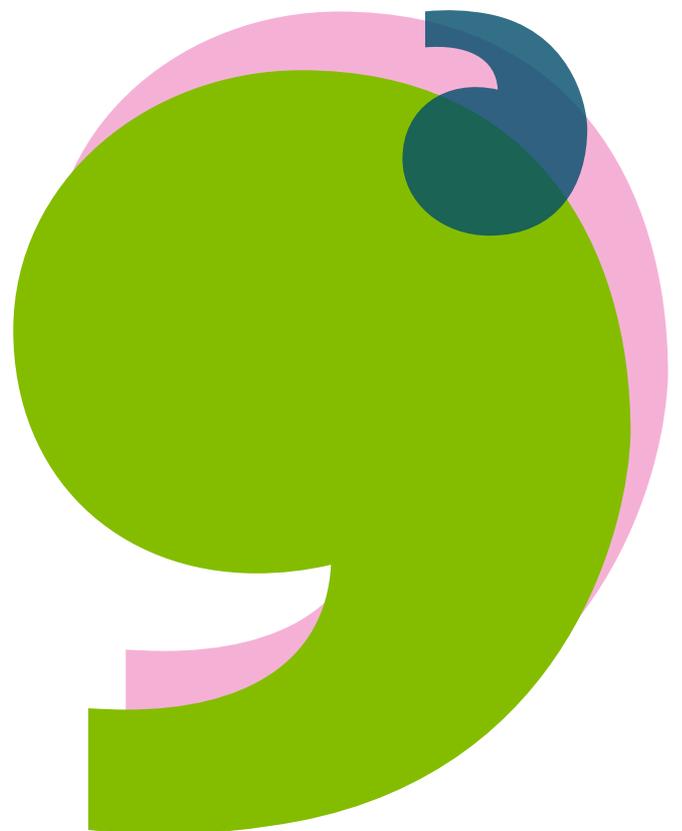




Enter and View Report

Pinehurst Rest Home

April 2018



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Pinehurst Rest Home, Zig Zag Road, Box Hill, Mickleham, Dorking RH5 6BY
Service Provider	Mrs T Schneider
Date and Time	Tuesday 20 th February 2018, 10:45-13:30
Authorised Representatives	Sarah Wood, Jackie Tapping, Gareth Jones
Contact	Healthwatch Surrey, Astolat, Coniers Way, Burpham, Surrey, GU4 7HL Tel: 0303 303 0023

1.2 Acknowledgements

Healthwatch Surrey would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

- To find out to what extent mealtimes at the care homes visited are person-centred, ensuring dignity and respect
- To capture the views and experiences of residents and visitors in relation to mealtimes, accessing food and drink, and experiences of the home in general
- To observe residents and visitors engaging with staff and their surroundings
- To identify examples of good practice.

2.2 Strategic drivers

- This Enter and View visit was carried out as part of a wider project by Healthwatch Surrey into person-centred care in Surrey care homes - focusing on supporting choice, dignity and adequate access to food and drink at mealtimes and throughout the day.

- ‘Amplifying the voice of care home residents’ is a Healthwatch Surrey priority for 2017/18.

2.3 Methodology

Visits were announced in advance and home managers received notification by post. Prior to the visit the home manager was contacted by telephone by the visit lead to discuss the visit further, and to ascertain the layout of the home and an estimate of how many residents would be able to give consent to participate.

Staff provided guidance to the visit team about who was appropriate to approach to interview. The purpose of the visit, the role of Healthwatch Surrey, and the way in which information would be used was explained to those spoken to in order that they could provide informed consent.

Information was gathered by using semi-structured interview questions and observation in combination. Separate question schedules were developed for residents, staff and visitors based on guidelines from the Social Care Institute of Excellence and comments from contacts working in Adult Social Care. Questions were open ended, designed to be administered flexibly and in a conversational style. Information was recorded using written notes which were collected in by the visit lead at the end of the visit. The visit team used a checklist to record and comment on observations around the home and over lunchtime.

The visit concluded with a team debrief where comments, compliments and concerns were highlighted. The home manager was given opportunity to comment on the draft report prior to finalisation.

2.4 Summary of findings

- Residents and visitors complimented the care provided by the home, particularly the time spent interacting one-to-one;
- Staff gave examples of how the care they provide is tailored to the needs of individuals, and these were reflected in resident/visitor comments;
- Residents and visitors were positive about the food available, the availability of choice and the dining environment;
- We observed staff being attentive and responsive at lunchtime and throughout the visit.



2.5 Results of visit

The home had 17 residents at the time of the visit. The senior staff showed representatives to the communal and dining of the home. The Healthwatch Surrey visit notice was clearly displayed as was the CQC rating.

Staff Comments

Staff told us that food is prepared fresh on site and the home uses local produce where possible, such as locally grown vegetables. The home has a seven-day menu, and the chef speaks with residents in person every morning to note down their choice of meals for the day. The usual alternative option is an omelette, however the chef will prepare meals on request if the ingredients are available. We were told that the chef and deputy manager have been in post long-term and are aware of residents' preferences.

The home is able to cater to specialist diets, such as gluten free, and staff are on hand to support residents who may need assistance with eating and drinking. All residents have a care plan in which details of their needs and preferences are kept and residents have key workers who work closely with them and get to know them well.

Residents are able to eat in their rooms if they wish, and drinks are made available throughout the day, for example having cranberry and orange juice available in the communal areas, and regular tea rounds. We were also informed that visitors are welcome to join residents at any time, including mealtimes if they wish.

Resident and Visitor Comments

We were able to speak to two residents and seven visitors.

Care and support

Both visitors and residents told us that they were pleased with the standard of care at the home; they explained that staff knew their likes and dislikes and were accommodating of their wishes. Visitors and residents mentioned having key workers who spend quality time with them and made it clear that this was appreciated. One visitor said "The care is marvellous...staff will spend up to an hour with [resident]...couldn't be better cared for". One resident explained that they enjoy their one to one time with staff, who take time to engage in activities on a regular basis. We also heard positive comments relating to the continuity of care, with residents appreciating the familiar faces.

Experience of mealtimes

The people we spoke to explained that residents have a choice of where to eat, with some choosing to stay in their own rooms, and this is easily accommodated by staff. Residents also have a choice regarding food and mealtimes and in general the

food is tasty and enjoyable. One person commented “There was excellent Christmas food” and another noted “there is lots of variety”. Residents told us that they can make “special food requests” for things not on the menu.

Residents and visitors explained that there is fresh fruit available in between meals and drinks including tea are offered regularly. The people we spoke with also commented that the dining area is pleasant and there is a private room that can be used by visitors, which is appreciated.

Observation of Lunchtime

We observed half an hour over lunchtime.

Dining area/environment

The dining area seemed ‘calm’ and was well laid out. Some residents chose to stay in their rooms, while others came to the dining area. Menus were available in large print for residents to read and some residents used protective aprons in a large napkin style. Residents appeared to be happy and were chatting with each other and interacting with staff.

Responsive and supportive staff

Drinks were offered to residents, including water and wine, and all food and drink was placed within easy reach. Staff were seen to respond quickly to residents, for example to requests for salt and pepper or a drink top-up. Staff checked with residents that they were finished before clearing away plates and replacing with the second course.



2.6 Recommendations

Surrey County Council (the commissioner) and the Care Quality Commission should consider these findings and take action accordingly.

The findings of this report will be considered alongside the findings from the additional 19 homes included in this programme of visits; a full report of themes and findings will be produced spring 2018.

2.7 Service provider response

TBC

